

PTO/SB/21 (10-07)

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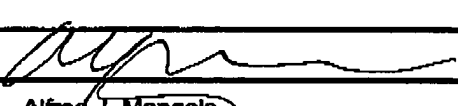
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| <b>TRANSMITTAL<br/>FORM</b>                              | Application Number   | 10/562,609                     |
|  | Filing Date          | 04/07/2006                     |
|  | First Named Inventor | Thomas LEWIN                   |
|  | Art Unit             | 3742                           |
|  | Examiner Name        | S. Fuqua                       |
| (to be used for all correspondence after initial filing) |                      |                                |
| Total Number of Pages in This Submission                 | 3                    | Attorney Docket Number<br>1828 |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Pages 5 and 6 of the Amendment dated<br>April 27, 2009. |
| Remarks<br>This is a retransmission of the complete form of amended claims 12 and 13,<br>which were subsequently allowed. It is in response to the Office<br>communication dated 02/01/2010, Paper No 20100128.  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    |   |          |        |
| Signature    |  |          |        |
| Printed name | Alfred J. Mangels   |          |        |
| Date         | 2/6/10  | Reg. No. | 22,605 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |  |      |        |
|---|--|------|--------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |      |        |
| Signature   |  |      |        |
| Typed or printed name   | Alfred J. Mangels  | Date | 2/6/10 |

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